

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

Small PHA Plan Update
Annual Plan for Fiscal Year: 2003

HOUSING AUTHORITY OF THE CITY OF PEARSON, GEORGIA

**NOTE: THIS PHA PLAN TEMPLATE (HUD-50075) IS TO BE COMPLETED IN
ACCORDANCE WITH INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES**

PHA Plan Agency Identification

PHA Name: Housing Authority of the City of Pearson

PHA Number: GA165

PHA Fiscal Year Beginning: (mm/yyyy) 07/2003

PHA Plan Contact Information:

Name: Ms. Theresa Lovein

Phone: 229.686.9321

TDD: 229.686.9321

Email (if available):

Public Access to Information

Information regarding any activities outlined in this plan can be obtained by contacting:
(select all that apply)

- ☒ Main administrative office of the PHA
☐ PHA development management offices

Display Locations For PHA Plans and Supporting Documents

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

- ☒ Main administrative office of the PHA
☐ PHA development management offices
☐ Main administrative office of the local, county or State government
☐ Public library
☐ PHA website
☐ Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

- ☒ Main business office of the PHA
☐ PHA development management offices
☐ Other (list below)

PHA Programs Administered :

- ☐ Public Housing and Section 8 ☐ Section 8 Only ☒ Public Housing Only

Annual PHA Plan
Fiscal Year 2003
 [24 CFR Part 903.7]

i. Table of Contents

Provide a table of contents for the Plan, including attachments, and a list of supporting documents available for public inspection. For Attachments, indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. If the attachment is provided as a file submission from the PHA Plans file, provide the filename in parentheses in the space to the right of the title. **SEPARATE**

	Contents	<u>Page#</u>
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6. Other Information:		
A. Resident Advisory Board Consultation Process		
B. Statement of Consistency with Consolidated Plan		
C. Criteria for Substantial Deviations and Significant Amendments		
Attachments		
<input type="checkbox"/> Attachment A: Supporting Documents Available for Review		
<input type="checkbox"/> Attachment B: Capital Fund Program Annual Statement		
<input type="checkbox"/> Attachment C: Capital Fund Program 5 Year Action Plan		
<input type="checkbox"/> Attachment__: Capital Fund Program Replacement Housing Factor Annual Statement		
<input type="checkbox"/> Attachment__: Public Housing Drug Elimination Program (PHDEP) Plan		
<input type="checkbox"/> Attachment D: Resident Membership on PHA Board or Governing Body		
<input type="checkbox"/> Attachment E: Membership of Resident Advisory Board or Boards		
<input type="checkbox"/> Attachment__: Comments of Resident Advisory Board or Boards & Explanation of PHA Response (must be attached if not included in PHA Plan text)		
Attachment FFY - 2002 Follow Up Plan for Resident Assessment		
Attachment G Performance and Evaluation Report for Period Ended December 31, 200		2
<input type="checkbox"/> Other (List below, providing each attachment name)		

ii. Executive Summary

[24CFR Part 903.79(r)]

At PHA option, provide a brief overview of the information in the Annual Plan

No changes in policy. Policies are up-to-date. Goals established in the five year plan are on schedule. Efforts are being made to enhance the attractiveness and marketability of the properties and the Authority continues to strive to meet its potential as an organization.

The residents do not attend the meeting to discuss the Agency Plan. This expense for the Housing Authority should be eliminated due to lack of interest and attendance. Publication in the newspaper is expensive.

The Resident Assessment conducted by REAC is fallacious and the information is not reliable. REAC indicates that the response rate on the FY 2002 survey was 100%. ONLY one of 21 surveys mailed was returned. Twenty surveys were undeliverable. With all probability, REAC mailed the surveys to the street addresses and the greatest majority of the residents have post office boxes. The actual response rate was .05 percent. This is an unfair assessment by REAC. It appears that residents, who are generally residents who are not happy with the rules and regulations, submit surveys.

Most likely, the residents who are happy do not respond. The residents should take some responsibility in each of the survey categories where unfavorable responses were received. Those categories are communications, safety and neighborhood appearance. Residents do not attend published meetings where they can voice their opinions nor do they actively take part in providing safe and attractive neighborhoods. The only requirement of the resident is to call in maintenance repairs and the deficiencies as addressed as soon as possible.

1. Summary of Policy or Program Changes for the Upcoming Year

In this section, briefly describe changes in policies or programs discussed in last year's PHA Plan that are not covered in other sections of this Update.

De-concentration of Poverty and Income Mixing is not required for Authorities with 100 or less units as stated in the Federal Register dated December 22, 2000 at 24CFR 903. Therefore, it is not required for this Authority.

2. Capital Improvement Needs

[24CFR Part 903.79(g)]

Exemptions: Section 8 only PHAs are not required to complete this component.

A. ☒ Yes ☐ No: Is the PHA eligible to participate in the CFP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year

?\$38,635

C. ☒ Yes ☐ No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete the rest of Component 7.

If no, skip to next component.

D. Capital Fund Program Grant Submissions

(1) Capital Fund Program 5 - Year Action Plan

The Capital Fund Program 5 - Year Action Plan is provided as

Attachment C

(2) Capital Fund Program Annual Statement

The Capital Fund Program Annual Statement is provided as

Attachment B

3.D. Demolition and Disposition

[24CFR Part 903.79(h)]

Applicability: Section 8 only PHAs are not required to complete this section.

1. ☐ Yes **XNo:** Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If "No", skip to next component; if "yes", complete one activity description for each development.)

2. Activity Description

Demolition/Disposition Activity Description (Not including Activities Associated with HOPE VI or Conversion Activities)
1a. Development name: 1b. Development (project) number:
2. Activity type: Demolition <input type="checkbox"/> Disposition <input type="checkbox"/>
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date application approved, submitted, or planned for submission: (DD/MM/YY)
5. Number of units affected:
6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development
7. Relocation resources (select all that apply) <input type="checkbox"/> Section 8 for units <input type="checkbox"/> Public housing for units <input type="checkbox"/> Preference for admission to other public housing or section 8 <input type="checkbox"/> Other housing for units (describe below)
8. Timeline for activity: a. Actual or projected start date of activity: b. Actual or projected start date of relocation activities: c. Projected end date of activity:

4. Voucher Homeownership Program

[24 CFR Part 903.79(k)]

- A. ☐ Yes **XNo:** Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982? (If "No", skip to next component; if "yes", describe each program using the table below (copy and complete questions for each program identified.)

B. Capacity of the PHA to Administer a Section 8 Homeownership Program

The PHA has demonstrated its capacity to administer the program by (select all that apply):

- ☐ Establishing a minimum homeowner down payment requirement of at least 3 percent and requiring that at least 1 percent of the down payment comes from the family's resources
- ☐ Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards

☐ Demonstrating that it has or will acquire other relevant experience (list PHA experience, below):

experience, or any other organization to be involved and its

5. Safety and Crime Prevention: PHDEP Plan

[24 CFR Part 903.7(m)]

Exemptions Section 8 Only PHAs may skip to the next component PHA eligible for PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

A. ☐ Yes ☒ No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) PHDEP grant for the upcoming year? \$ _____

C. ☐ Yes ☒ No Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component.

D. ☐ Yes ☒ No: The PHDEP Plan is attached at Attachment _____

6. Other Information

[24 CFR Part 903.79(r)]

A. Resident Advisory Board (RAB) Recommendations and PHA Response

1. ☐ Yes ☒ No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?

2. If yes, the comments are attached at Attachment (Filename)

3. In what manner did the PHA address those comments? (select all that apply)

☐ The PHA changed portions of the PHA Plan in response to comments
A list of these changes is included

☐ Yes ☐ No: below or

☐ Yes ☐ No: at the end of the RAB Comments in Attachment _____.

☐ Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the end of the RAB Comments in Attachment _____.

☐ Other: (list below)

B. Statement of Consistency with the Consolidated Plan

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1. Consolidated Plan jurisdiction: (State of Georgia)

2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)

☒ The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.

☐ The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.

☐ The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.

☐ Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below)

☐ Other: (list below)

3. PHA Requests for support from the Consolidated Plan Agency

☐ Yes ☒ No: Does the PHA request financial or other support from the State or local government agency in order to meet the needs of its public housing residents or inventory? If yes, please list the 5 most important requests below:

4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

C. Criteria for Substantial Deviation and Significant Amendments**1. Amendment and Deviation Definitions**

24 CFR Part 903.7(r)

PHAs are required to define and adopt their own standards of substantial deviation from the 5-year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

A. Substantial Deviation from the 5-year Plan:

The statute requires that PHAs explain "substantial deviations" from the 5-year Plan in the Annual Plans. The statute also provides that, while PHAs may change or modify their plans or policies described in them, any "significant amendment or modification" to the plan would require PHAs to submit a revised PHA Plan that has met full public process requirements. The Executive Director of the Housing Authority of the City of Pearson has extensive latitude in using discretion for procurement and in the use of the Capital Funds. The policies established in the Procurement Policy will be used as a guide in substantial deviation from the Agency Plan.

B. Significant Amendment or Modification to the Annual Plan:

Annually the plan is updated to show the amount of comp grant funds received for the FY. The amount and the use of these funds are revised each year based on the formula funding from HUD and the physical needs of the properties owned and operated by the PHA. A significant amendment or modification to the Annual Plan is a change in a policy or policies pertaining to the operation of the Authority, including but not limited to changes in rent or admissions policies or organization of the waiting list; additions of non-emergency work items over \$100,000 (items not included in the current annual statement or 5-year action plan) or change in use of replacement reserve funds under the Capital Fund; any change with regard to demolition, disposition, designation, home ownership programs, or conversion activities.

Attachment A**Supporting Documents Available for Review**

PHAs are to indicate which documents are available for public review by placing a mark in the "Applicable & On Display" column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
YES	PHA Plan Certification of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans

List of Supporting Documents Available for Review

Applicable & On Display	Supporting Document	Related Plan Component
YES	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdiction to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans
YES	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
YES	Most recent board -approved operating budget for the public housing program	Annual Plan: Financial Resources
YES	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
N/A	Any policy governing occupancy of Police Officers in Public Housing <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
N/A	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
YES	Public housing rent determination policies, including the method for setting public housing flat rents X check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
YES	Schedule of flat rents offered at each public housing development X check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
	Section 8 rent determination (payment standard) policies <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
YES	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
YES	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
YES	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
N/A	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
N/A	Any required policies governing any Section 8 special housing types <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
YES	Public housing grievance procedures X check here if included in the public housing A&O Policy	Annual Plan: Grievance Procedures
N/A	Section 8 informal review and hearing procedures <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
YES	The HUD -approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs

List of Supporting Documents Available for Review

Applicable & On Display	Supporting Document	Related Plan Component
	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing § 504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99 - 52 (HA).	Annual Plan: Capital Needs
	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
N/A	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
YES	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self - Sufficiency
N/A	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self - Sufficiency
	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self - Sufficiency
N/A	Most recent self - sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self - Sufficiency
N/A	The most recent Public Housing Drug Elimination Program (PHEDEP) semi - annual performance report	Annual Plan: Safety and Crime Prevention

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
/A	<p>PHDEP-related documentation:</p> <ul style="list-style-type: none"> · Baseline law enforcement services for public housing developments assisted under the PHDEP plan; · Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15); · Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities; · Coordination with other law enforcement efforts; · Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and · All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan. 	Annual Plan: Safety and Crime Prevention
YES	<p>Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G)</p> <p>X check here if included in the public housing A & O Policy</p>	Pet Policy
	<p>The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings</p>	Annual Plan: Annual Audit
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	<p>Other supporting documents (optional)</p> <p>(list individually; use as many lines as necessary)</p>	(specify as needed)

EXHIBIT B

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHAName: Housing Authority of the City of Pearson		Grant Type and Number Capital Fund Program Grant No: GA06P16550103 Replacement Housing Factor Grant No:		Federal FY of Grant: FY-2003	
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non -CFP Funds				
2	1406 Operations	\$38,635			
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	\$38,635			
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: Housing Authority of the City of Pearson, GA			Grant Type and Number Capital Fund Program Grant No: GA06P08850103 Replacement Housing Factor Grant No:			Federal FY of Grant: FY-2003		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
PHA-Wide	Operations	1406		\$38,635				
	TOTAL			\$38,635				

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule							
PHA Name: Housing Authority of the City of Pearson		Grant Type and Number Capital Fund Program No: GA06P16550103 Replacement Housing Factor No:				Federal FY of Grant: FY-2003	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
PHA Wide	12/04			06/06			

Capital Fund Program Five - Year Action Plan**Part I: Summary**

PHAName Housing Authority of the City of Pearson, GA				X Original 5 - Year Plan <input type="checkbox"/> Revision No:	
Development Number/Name/HA- Wide	Year 1	Work Statement for Year 2 FFY Grant: 2004 PHAFY: 2005	Work Statement for Year 3 FFY Grant: 2005 PHAFY: 2006	Work Statement for Year 4 FFY Grant: 2006 PHAFY: 2007	Work Statement for Year 5 FFY Grant: 2007 PHAFY: 2008
	Annual Statement				
PHA-Wide		\$38,635	\$38,635	\$38,635	\$38,635
CFPFunds Listed for 5-year planning		\$38,635	\$38,635	\$38,635	\$38,635
Replacement Housing Factor Funds					

Capital Fund Program Five - Year Action Plan**Supporting Pages — Work Activities**

Activities for Year 1	Activities for Year: <u>2</u> FFY Grant: 2004 PHAFY: 2005			Activities for Year: <u>3</u> FFY Grant: 2005 PHAFY: 2006		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
	PHA Wide	Operations	\$38,635	PHA-Wide	Operations	\$38,635
Statement						
Total CFPEstimated Cost			\$38,635			\$38,635

Capital Fund Program Five - Year Action Plan**Part II: Supporting Pages — Work Activities**

Activities for Year: <u>4</u> FFY Grant: 2006 PHAFY: 2007			Activities for Year: <u>5</u> FFY Grant: 2007 PHAFY: 2008		
Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
PHA Wide	Operations (1406)	\$38,635	PHA Wide	Operations (1406)	\$38,635
Total CFPEstimated Cost		\$38,635			\$38,635

PHA Public Housing Drug Elimination Program Plan**THIS PROGRAM DOES NOT APPLY TO THIS AUTHORITY.**

Note: THIS PHDEP Plan template (HUD 50075 -PHDEP Plan) is to be completed in accordance with Instructions located in applicable PIH Notices.

Section 1: General Information/History

A. Amount of PHDEP Grant \$ _____

B. Eligibility type (Indicate with an "x") N1 _____ N2 _____ R _____

C. FFY in which funding is requested _____

D. Executive Summary of Annual PHDEP Plan

In the space below, provide a brief overview of the PHDEP Plan, including highlights of major initiatives or activities undertaken. It may include a description of the expected outcomes. The summary must not be more than five (5) sentences long.

E. Target Areas

Complete the following table by indicating each PHDEP Target Area (development or site where activities will be conducted), the total number of units in each PHDEP Target Area, and the total number of individuals expected to participate in PHDEP sponsored activities in each Target Area. Unit count information should be consistent with that available in PIC.

PHDEP Target Areas (Name of development(s) or site)	Total # of Units within the PHDEP Target Area(s)	Total Population to be Served within the PHDEP Target Area(s)

F. Duration of Program

Indicate the duration (number of months funds will be required) of the PHDEP Program proposed under this Plan (place an "x" to indicate the length of program by # of months. For "Other", identify the # of months).

12 Months _____ 18 Months _____ 24 Months _____

G. PHDEP Program History

Indicate each FY that funding has been received under the PHDEP Program (place an "x" by each applicable Year) and provide amount of funding received. If previously funded programs have not been closed out at the time of this submission, indicate the fund balance and anticipated completion date. The Fund Balance should reflect the balance as of Date of Submission of the PHDEP Plan. The Grant Term End Dates should include any HUD -approved extensions or waivers. For grant extensions received, place "GE" in column or "W" for waivers.

Fiscal Year of Funding	PHDEP Funding Received	Grant #	Fund Balance as of Date of this Submission	Grant Extensions or Waivers	Grant Start Date	Grant Term End Date

Section 2: PHDEP Plan Goals and Budget**A. PHDEP Plan Summary**

In the space below, summarize the PHDEP strategy to address the needs of the target population/target area(s). Your summary should briefly identify: the broad goals and objectives, the role of plan partners, and your system or process for monitoring and evaluating PHDEP -funded activities. This summary should not exceed 5 -10 sentences.

B. PHDEP Budget Summary

Enter the total amount of PHDEP funding allocated to each line item.

FFY ____ PHDEP Budget Summary	
Original statement Revised statement dated:	
Budget Line Item	Total Funding
9110 -Reimbursement of Law Enforcement	
9115 -Special Initiative	
9116 -Gun Buyback TAMatch	
9120 -Security Personnel	
9130 -Employment of Investigators	
9140 -Voluntary Tenant Patrol	
9150 -Physical Improvements	
9160 -Drug Prevention	
9170 -Drug Intervention	
9180 -Drug Treatment	
9190 -Other Program Costs	
TOTAL PHDEP FUNDING	

C. PHDEP Plan Goals and Activities

In the tables below, provide information on the PHDEP strategy summarized above by budget line item. Each goal and objective should be numbered sequentially for each budget line item (where applicable). Use as many rows as necessary to list proposed activities (additional rows may be inserted in the tables). PHAs are not required to provide information in shaded boxes. Information provided must be concise — not to exceed two sentences in any column. Tables for line items in which the PHA has no planned goals or activities may be deleted.

9110 –Re imbursement of Law Enforcement						Total PHDEP Funding:\$		
Goal(s)								
Objectives								
Proposed Activities	#of Person s Served	Target Population	Start Date	Expe cted Comple te Date	PHED EP Fundin g	Other Funding (Amount/ Source)	Perform	
1.								
9115 -Special Initiative						Total PHDEP Funding:\$		
Goal(s)								
Objectives								
Proposed Activities	#of Person s Served	Target Population	Start Date	Expe cted Comple te Date	PHED EP Funding	Other Funding (Amount/ Source)	Perform	
1.								
9116 -Gun Buyback TAMatch						Total PHDEP Funding:\$		
Goal(s)								
Objectives								
Proposed Activities	#of Perso ns Serve d	Target Population	Start Date	Expe cted Comple te Date	PHED EP Fundin g	Other Funding (Amount/Source)	Performa	

1.								
9120 -SecurityPersonnel						TotalPHDEPFunding:\$		
Goal(s)								
Objectives								
ProposedActivities	#of Perso ns Serve d	Target Population	Start Date	Expecte d Comple te Date	PHEDEP Funding	OtherFunding (Amount/Source)	Perform	
1.								
9130 –EmploymentofInve stigators						TotalPHDEPFunding:\$		
Goal(s)								
Objectives								
ProposedActivities	#of Perso ns Serve d	Target Population	Start Date	Expecte d Comple te Date	PHEDEP Funding	OtherFunding (Amount/Source)	Perform	
1.								
9140 – VoluntaryTenantPatrol						TotalPHDEPFunding:\$		
Goal(s)								
Objectives								
ProposedActivities	#of Perso ns Serve d	Target Population	Start Date	Expecte d Comple te Date	PHEDEP Funding	OtherFunding (Amount/Source)	Perform	
1.								
9150 - PhysicalImprovement s						TotalPHDEPFunding:\$		
Goal(s)								
Objectives								
ProposedActivities	#of Perso ns Serve d	Target Population	Start Date	Expecte d Comple te Date	PHEDEP Funding	OtherFunding (Amount /Source)	Perform	
1.								
9160 -DrugPrevention						TotalPHDEPFunding:\$		
Goal(s)								
Objectives								

ProposedActivities	#of Perso ns Serve d	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount /Source)	Perform
1.							
9170 -DrugIntervention					TotalPHDEPFunding :\$		
Goal(s)							
Objectives							
ProposedActivities	#of Perso ns Serve d	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount /Source)	Perform
1.							
9180 -DrugTreatment					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Perso ns Serve d	Target Population	Start Date	Expecte d Comple t e Date	PHEDEP Funding	OtherFunding (Amount /Source)	Perform
1.							
9190 -OtherProgramCosts					TotalPHDEPFunds:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Perso ns Serve d	Target Population	Start Date	Expecte d Comple t e Date	PHEDEP Funding	OtherFunding (Amount /Source)	Perform
1.							

Required Attachment D: Resident Member on the PHA Governing Board

1. ☐ Yes ☒ No: Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)

A. Name of resident member(s) on the governing board:

B. How was the resident board member selected: (select one)?

- ☐ Elected
☐ Appointed

C. The term of appointment is (include the date term expires):

2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not?

- ☐ the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full-time basis
☒ the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.
☐ Other (explain):

B. Date of next term expiration of a governing board member:

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position):

Required Attachment ____ E ____: Membership of the Resident Advisory Board or Boards

List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)

Gregg Smith, Merle Stalvey, Mae Jenkins, Tina Wooten, Georgia Roundtree, Shirley McCormick

No comments on the updated FY -2003 AP.

It should be noted that publishing a notice is a waste of resources. No one has ever attended the meeting. There is no interest in the Agency Plan by the residents.

ATTACHMENT F

Category	Action to be Taken	TCD*
Maintenance and Repair	Encourage residents to call in and report needed repairs in a timely fashion so that the repairs can be scheduled as soon as possible.	6/30/03
	Encourage residents to take better care of their unit.	6/30/03
Communication	Encourage residents to be proactive in communication with the PHA.	6/30/03
	Encourage the Resident Advisory Board to become active.	6/30/03
Safety	Encourage the residents to develop a relationship with the local police department.	6/30/03
	Request the local police department to randomly police the community.	6/30/03
Neighborhood Appearance	Encourage the residents to "take ownership" of their community and pick up trash and debris from yards and common areas.	6/30/03
	Consider adopting a rule of fines for residents who do not pick up trash & debris on their premises.	6/30/03

**Target Completion Date*

ATTACHMENT G**PERFORMANCE AND EVALUATION REPORT FOR PERIOD ENDED 12/31/02**

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHAName: Housing Authority of the City of Pearson, GA		Grant Type and Number Capital Fund Program: GA06P16550102 Comp Grant Program Year 2002 Replacement Housing Factor Grant No:			Federal FY of Grant: 01/2002
Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies Revised Annual Statement (revision no: 1)			
X Performance and Evaluation Report for Period Ending: 12/31/02		<input type="checkbox"/> Final Performance and Evaluation Report			
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non - CFP Funds				
2	1406 Operations	\$6,000		\$6,000	\$6,000
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$5,000		\$1,132	\$1,132
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	\$27,635		\$0	\$0
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2 - 19)	\$38,635		\$7,132	\$7,132
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures				

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: Housing Authority of the City of Pearson			Grant Type and Number Capital Fund Program #: GA06P16550102 Capital Fund Program Replacement Housing Factor #:			Federal FY of Grant: FY2002		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
PHAWide	HVAC/Air Conditioning	1460		\$27,635		0	0	
	Operations	1406		\$6,000		\$6,000	\$6,000	
	Fees & Costs	1430		\$5,000		\$1,132	\$1,132	

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule							
PHA Name: Housing Authority of the City of Pearson		Grant Type and Number COMP Grant Capital Fund Program #: GA06P16550102 Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant: FY -2002	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates		
	Original	Revised	Actual	Original	Revised	Actual	
PHA-wide	06/04			06/05			

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Housing Authority of the City of Pearson, GA		Grant Type and Number Capital Fund Program: GA06P16550101 Comp Grant Program Year 2002 Replacement Housing Factor Grant No:			Federal FY of Grant: 01/2001
Original Annual Statement X Performance and Evaluation Report for Period Ending: 12/31/02		<input type="checkbox"/> Reserve for Disasters/Emergencies Revised Annual Statement (revision no: 1) <input type="checkbox"/> Final Performance and Evaluation Report			
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non - CFP Funds				
2	1406 Operations	\$6,665		\$6,665	\$6,665
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	\$12,000		\$0	\$0
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	\$22,000		\$15,410	\$15,410
14	1485 Demolition				
15	1490 Replacement Reserve				

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHAName: Housing Authority of the City of Pearson, GA		Grant Type and Number Capital Fund Program: GA06P16550101 Comp Grant Program Year 2002 Replacement Housing Factor Grant No:			Federal FY of Grant: 01/2001
Original Annual Statement X Performance and Evaluation Report for Period Ending: 12/31/02		<input type="checkbox"/> Reserve for Disasters/Emergencies Revised Annual Statement (revision no: 1) <input type="checkbox"/> Final Performance and Evaluation Report			
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2 - 19)	\$40,665		\$22,075	\$22,075
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures				

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: Housing Authority of the City of Pearson			Grant Type and Number Capital Fund Program #: GA06P16550101 Capital Fund Program Replacement Housing Factor #:			Federal FY of Grant: FY2001		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
PHAWide	HVAC/Air Conditioning	1460		\$12,000		\$0	\$0	
	Operations	1406		\$6,665		\$6,665	\$6,665	
	Ford F-150 Pickup Truck	1475		\$22,000		\$15,410	\$15,410	

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule							
PHA Name: Housing Authority of the City of Pearson		Grant Type and Number COMP Grant Capital Fund Program #: GA06P16550102 Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant: FY -2002	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
PHA-wide	06/03			06/04			